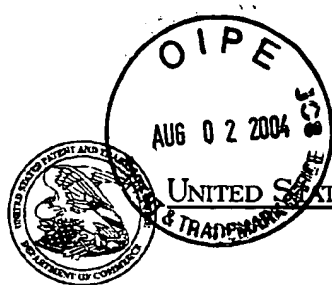


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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/760,154         | 01/20/2004             | James Scott McClure   |                        |

CONFIRMATION NO. 8970

## FORMALITIES LETTER



\*OC000000013250486\*

James Scott McClure  
 4620 N.E. 5th Ave.  
 Ft. Lauderdale, FL 33334

Date Mailed: 07/15/2004

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
  - The line spacing on the specification, claims, or abstract is not 1½ or double spaced (see 37 CFR 1.52(b)).
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.
- An abstract of the technical disclosure not exceeding 150 words in length and commencing on a separate sheet in compliance with 37 CFR 1.72(b) is required. An abstract was not provided for this application.

Replies should be mailed to: Mail Stop Missing Parts  
 Commissioner for Patents  
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*A copy of this notice **MUST** be returned with the reply.*

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Initial Patent Examination Division (703) 308-1202

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|   |                      |                        |  |
|---|----------------------|------------------------|--|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/760,154             |  |
|   | Filing Date          | 01/20/2004             |  |
|   | First Named Inventor | James Scott McClure    |  |
|   | Art Unit             | 2121                   |  |
|   | Examiner Name        |                        |  |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number |  |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                                | <input checked="" type="checkbox"/> Drawing(s)                            | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                      | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                      | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                                    | <input type="checkbox"/> Terminal Disclaimer                              |   |
| <input type="checkbox"/> Information Disclosure Statement                               | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                         | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application    | <b>Remarks</b><br>Please see attached letter.                             |   |
| <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                     |
|--|---------------------|
| Firm or Individual name                    | James Scott McClure |
| Signature                                  |                     |
| Date                                       | 7-28-04             |

| CERTIFICATE OF TRANSMISSION/MAILING   |                     |
|---|---------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                     |
| Typed or printed name   | James Scott McClure |
| Signature   |                     |
| Date  | 7-28-04             |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



July 28, 2004

To Whom It May Concern,

Please accept this substitute application and drawings in lieu of the originals to satisfy the patent office requirements. Thank you in advance for your assistance.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "James Scott McClure".

James Scott McClure